

County: Oconto
WOODLANDS OF GILLETT
330 ROBINHOOD LANE

Facility ID: 3720

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GILLETT 54124 Phone:(920) 855-2136
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 40
Total Licensed Bed Capacity (12/31/02): 43
Number of Residents on 12/31/02: 39

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 37

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
-----			-----				-----		-----
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.5	
Supp. Home Care-Personal Care	No	-----				1 - 4 Years		61.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.6	More Than 4 Years		0.0	
Day Services	Yes	Mental Illness (Org./Psy)	46.2	65 - 74	5.1	-----		-----	
Respite Care	Yes	Mental Illness (Other)	15.4	75 - 84	38.5	-----		100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.6	*****		*****	
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.3	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0	-----	-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0	-----	100.0	(12/31/02)			
Other Meals	No	Cardiovascular	12.8	65 & Over	97.4	-----		-----	
Transportation	Yes	Cerebrovascular	12.8	-----	-----	RNs		5.1	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		11.2	
Other Services	No	Respiratory	2.6	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	10.3	Male	38.5	Aides, & Orderlies		34.0	
Mentally Ill	No	-----	-----	Female	61.5	-----		-----	
Provide Day Programming for		-----	100.0	-----	-----	-----		-----	
Developmentally Disabled	No	-----	-----	-----	100.0	-----		-----	

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	319	28	96.6	104	0	0.0	0	7	100.0	128	0	0.0	0	0	0.0	0	38	97.4
Intermediate	---	---	---	1	3.4	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		29	100.0		0	0.0		7	100.0		0	0.0		0	0.0		39	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:		Activities of	%	% Needing Assistance of	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Residents
Private Home/No Home Health	35.9	Bathing	2.6	74.4	39
Private Home/With Home Health	2.6	Dressing	23.1	10.3	39
Other Nursing Homes	0.0	Transferring	46.2	5.1	39
Acute Care Hospitals	59.0	Toilet Use	33.3	10.3	39
Psych. Hosp.-MR/DD Facilities	0.0	Eating	84.6	2.6	39
Rehabilitation Hospitals	0.0	*****			
Other Locations	2.6				
Total Number of Admissions	39	Continence	%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	2.6	Receiving Respiratory Care	33.3
Private Home/No Home Health	32.4	Occ/Freq. Incontinent of Bladder	53.8	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	2.7	Occ/Freq. Incontinent of Bowel	12.8	Receiving Suctioning	0.0
Other Nursing Homes	0.0			Receiving Ostomy Care	7.7
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	12.8
Rehabilitation Hospitals	0.0			Other Resident Characteristics	
Other Locations	2.7	Skin Care		Have Advance Directives	100.0
Deaths	62.2	With Pressure Sores	12.8	Medications	
Total Number of Discharges		With Rashes	7.7	Receiving Psychoactive Drugs	12.8
(Including Deaths)	37				

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary	Bed Size: Under 50	Licensure: Skilled	All Facilities				
	%	Peer Group	Peer Group	Peer Group	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	85.4	80.0	1.07	93.9	0.91	83.3	1.03	85.1	1.00
Current Residents from In-County	89.7	73.3	1.22	73.6	1.22	75.8	1.18	76.6	1.17
Admissions from In-County, Still Residing	35.9	19.2	1.87	35.3	1.02	22.0	1.63	20.3	1.77
Admissions/Average Daily Census	105.4	136.0	0.77	67.9	1.55	118.1	0.89	133.4	0.79
Discharges/Average Daily Census	100.0	138.5	0.72	73.6	1.36	120.6	0.83	135.3	0.74
Discharges To Private Residence/Average Daily Census	35.1	59.1	0.59	16.7	2.11	49.9	0.70	56.6	0.62
Residents Receiving Skilled Care	97.4	93.4	1.04	82.0	1.19	93.5	1.04	86.3	1.13
Residents Aged 65 and Older	97.4	95.9	1.02	93.3	1.04	93.8	1.04	87.7	1.11
Title 19 (Medicaid) Funded Residents	74.4	73.2	1.02	77.4	0.96	70.5	1.05	67.5	1.10
Private Pay Funded Residents	17.9	16.8	1.07	15.9	1.13	19.3	0.93	21.0	0.85
Developmentally Disabled Residents	0.0	0.9	0.00	0.4	0.00	0.7	0.00	7.1	0.00
Mentally Ill Residents	61.5	33.7	1.83	59.4	1.04	37.7	1.63	33.3	1.85
General Medical Service Residents	10.3	19.3	0.53	13.0	0.79	18.1	0.57	20.5	0.50
Impaired ADL (Mean)	36.9	46.1	0.80	44.5	0.83	47.5	0.78	49.3	0.75
Psychological Problems	12.8	51.2	0.25	49.0	0.26	52.9	0.24	54.0	0.24
Nursing Care Required (Mean)	9.3	7.2	1.30	5.6	1.65	6.8	1.37	7.2	1.29